



STATE OF WISCONSIN

Department of Safety and Professional Services

Governor Scott Walker Secretary Dave Ross

Division of Industry Services
Gas Systems Program
141 NW Barstow St, 4th Floor
Waukesha WI 53188-3789

Customers of DSPS,

In an attempt to improve efficiencies in our office and increase the security of data and fee collection for individuals and Wisconsin businesses, the Department has made changes in our Gas System plan submittal and payment of fee process as the following two options allow:

1. One may continue to submit the Gas Systems application, SBD-6038-A and hard copy plans per SPS 340.30(2) as in the past. With the appropriate fee amount, a check may accompany plans and be made payable to the Division of Industry Services. If desired, in lieu of attaching a check, a company may request to be invoiced the proper fee per DSPS Fee Schedule Chapter SPS 302.
2. Once the customer obtains a "SharePoint Login ID" (see instructions * below), a customer will be able to submit plans electronically with a completed Gas Systems SBD-6038-A application that must be sent to DSPSsbPlanSchedule@wi.gov along with a request stating you wish to electronically file "e-file" your plans. The e-plan fee must be invoiced. Be aware, a customer must first register to obtain a SharePoint Login ID prior to attempting electronic submittal.


During this trial period, we will continue to accept plan submittals with check and payments attached but expect that customers may desire electronic plan submittal in the future to save time and mailing costs.

* In order to access the Division of Industry Services ePlan Review Site, Submitters must register for a State of WI/DOA username and password at <http://Register.wi.gov>. This registration is a one-time requirement. The system for which you need to request access is called SharePoint. Once registered, submitters will be provided a DOA credential under the Wisconsin External (wiext) domain. Instructions are found at <http://dsps.wi.gov> under Plan Review, click on Submitting Plans and then click on Electronic Submission.

Thank you in advance for your patience and assistance to successfully implement the new process. If you have any questions about this new process, please contact the plan entry staff in any of the Department of Safety and Professional Services offices.

Wisconsin's Inspector Map link:

MAP LINK: [Gas and Anhydrous Ammonia District Maps](#)

Map notes: Designated areas of both State District Inspectors and our State contractor - Inspection Service are shown. The Symbol  on map indicates areas of our designated State Contractor: Damarc Quality Inspection Services, LLC (866-361-4321) for inspections outside of districts.



**Gas Systems
Installation Application
For State Contractor (Damarc)
Locations Only (SEE MAP)**

Division of Industry Services
141 NW Barstow Street, 4th Floor
Waukesha WI 53188
262-548-8617

- | | | |
|--|--|---|
| <input type="checkbox"/> Liquid Petroleum Gas (LPG) System
<input type="checkbox"/> Liquid Hydrogen (H ₂) Systems
<input type="checkbox"/> Compressed Natural Gas (CNG) System | <input type="checkbox"/> Liquid Natural Gas (LNG) System
<input type="checkbox"/> Gaseous Hydrogen (H ₂) Systems
<input type="checkbox"/> Anhydrous Ammonia (NH ₃) System
() Total # Nurse Tanks at location | <input type="checkbox"/> Check Box to E-file plans
Required
SharePoint ID _____ |
|--|--|---|

1	DIRECTIONS: Personal information you may provide may be used for secondary purposes [Privacy Law, s. 15.04(1)(m)] For LPG and LNG Systems using containers of 2000 gallons (4000 aggregate) or larger water capacity, CNG and NH ₃ systems of any size, submit one copy of this form and four sets of scaled plans including two copies of applicable specifications along with the required fees to the above address. Containers moved within Wisconsin must have a data report or a legible rubbing / copy of the container nameplate stamping. NOTE: Inspections may be conducted during or after installation by authorized representative(s). Use a second form copy if more than four tanks are to be installed.																																																																																																													
2	SCOPE OF WORK / OWNER INFO: <input type="checkbox"/> Key/card code operation <input type="checkbox"/> Self service fueling <input type="checkbox"/> Revision (Check all boxes that apply) <input type="checkbox"/> New installation <input type="checkbox"/> Alteration/addition to an approved existing site <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 25%;">Site Owner Name</td><td style="width: 25%;">Owner E-Mail</td><td style="width: 25%;">Site Owner Address</td><td style="width: 25%;">Site Owner City / State / Zip</td></tr></table>										Site Owner Name	Owner E-Mail	Site Owner Address	Site Owner City / State / Zip																																																																																																
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5	FEES (Per SPS 302) CHECK PAYABLE TO: DPS, Division. of Industry Services <table border="0" style="width: 100%;"><tr><td style="width: 30%;">Tank(s) Installation</td><td style="width: 30%;">Plan Examination (per site)</td><td style="width: 10%;">\$300.00</td><td style="width: 10%;">.....</td><td style="width: 10%;">.....</td></tr><tr><td>Revisions of Approved Plans</td><td>.....</td><td>\$175.00</td><td>.....</td><td>.....</td></tr></table> <p style="text-align: center; color: magenta;">Invoice Installer: (ePlan authorizing signature) _____ TOTAL \$ _____</p> <p style="background-color: yellow; text-align: center;">NOTE: Site Inspection FEE of \$400.00 will be billed directly by the contracted service agent to your Company</p> <p>NOTE: SPS 340.15 (2) Plan examination and up to 2 site inspections are included with the plan examination and inspection fees specified in SPS 302.43. If more than two inspections are required, then the inspection fees shall be determined in accordance with SPS 302.04.</p>										Tank(s) Installation	Plan Examination (per site)	\$300.00	Revisions of Approved Plans	\$175.00																																																																																										
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6	STATEMENT: Application is made to the department for conditional approval to install the above referenced system(s). Installation will be in accordance with the details described herein and attached plot plans, subject to the orders of the Department of Safety and Professional Services. The installation will comply with the applicable provisions of SPS 340, 341 or 343 and all standards adopted by reference. A "certificate of installation" form shall be completed and made available for review by an authorized representative(s) and when required, a copy shall be forwarded to the local fire department within 10 business days of installation. Phone () _____ Print Applicant Name _____ E-mail _____ Fax () _____ Applicant Signature _____ Date _____ SharePoint ID : _____ (Required for electronic plan submittal)																																																																																																													
7	RETURN PLANS TO: (Please print or type) <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 50%;">Name</td><td style="width: 50%;">Company</td></tr><tr><td>Street Address</td><td>City</td></tr><tr><td></td><td>St ate Zip</td></tr></table>										Name	Company	Street Address	City		St ate Zip																																																																																														
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